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A TREATISE

ON SOME

NERVOUS DISORDERS:

BEING CHIEFLY INTENDED TO

Illustrate those Varieties

WHICH SIMULATE

STRUCTURAL DISEASE.

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PREFACE.

NOTWITHSTANDING the numerous treatises that have been written on nervous diseases, their pathology is still enveloped in great obscurity, which, however, it is gratifying to observe, is being gradually dispelled by the increasing knowledge of the physiology of the nervous system. The Author is not aware that the affections to which he is desirous of soliciting the attention of the junior members of the profession more especially, have been treated of by any systematic writer, or that any satisfactory explanation of the phenomena which

measure be instrumental in causing their pathology to be more generally understood, by inducing others, who have enjoyed more extended opportunities of observation, to attempt the further elucidation of the subject.

London, *June*, 1833.

kind, consisting of one or more centres of nervous matter, whence are derived nerves to be distributed to different parts of the animal, endowing it with the faculties of common sensation and instinctive action.

The nervous system of the more perfect animals, though presenting greater complexity, is formed upon a similar plan. In the vertebrata the central organ consists of the brain, enclosed within its osseous case, and prolonged within the vertebral canal under the name of spinal marrow: from this centre nerves are given off in pairs to supply the internal parts of the body, the organs of sense, and the muscles on either side of the medial plane.

Animals possessing a brain have, in addition to the properties of common sensation and instinctive action, the faculties of sense more elaborately developed, by which means they can form a more correct estimate of the relation of surrounding bodies; and volition, whereby they are enabled to direct the movements of the body to a definite object. Some of the mammalia are endowed with memory, judgment, and other mental qualities, in a degree almost approaching to reason and intellect; faculties which are the attributes of the human species.

The human nervous system is composed, on the one hand, of the cerebrum, cerebellum, medulla oblongata, and spinalis, and of the nerves which emanate from these parts to supply the organs of sense and the body generally; on the other hand, of the sympathetic nerve and its ganglia, the branches of which are principally distributed to the viscera of the thorax and abdomen.

These portions were regarded by Bichat

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its phenomena are preserved when excited by an exterior impulse.

The experiments of other physiologists, and various pathological cases, tend to confirm the justness of these conclusions. Disease or injury of the cerebellum will sometimes affect the direction of the movements of the body. Children have been born without either cerebrum or cerebellum, and have nevertheless existed for a short period, during which the vital actions, and some instinctive movements, were performed. From this it would appear, that these portions of the nervous system exercise only an indirect influence on instinctive action and organic life.

If a spinal nerve be divided or compressed, the part it supplies is deprived of sensation and motion. If, however, the anterior root of the nerve be divided, while the posterior root is uninjured, motion will be lost, and the part retain its sensibility. If, on the other hand, the posterior root be divided, sensation is lost, and the power of motion remains. In like manner, division of the spinal marrow causes paralysis of the parts below the section, while that part which is continuous with the brain retains the exercise of its powers. The section of its anterior portion alone, deprives the subjacent parts of motion; that of its posterior portion, deprives them of sensation; similar effects are observed from disease of these parts. We are hence led to infer, that the office of the spinal marrow is like that of the nerves: viz. a medium for the transmission of nervous influence. Some circumstances seem, at first sight, to indicate that it possesses the properties of exciting contraction, and of imparting sensation independently of the brain. In the instance above alluded to, of acephalous infants having existed for a short time, a portion of the nervous system, corresponding to the medulla oblongata, has been present; and this portion, without doubt, has had the greatest influence on the sensation and muscular action observed in these cases.

It has been observed, that after a section is made of the spinal marrow in a living animal, irritation of the parts supplied by its inferior portion will excite muscular action in them. This, however, will only take place immediately after the division; the nervous power retained in the spinal marrow, for the immediate actions of the parts it supplies, must soon be exhausted if communication be cut off from the source of nervous energy. A similar phenomenon takes place in some animals, which after decapitation will run about or fly to some distance, and give signs of sensibility on being irritated, until exhausted by loss of blood.

The medulla oblongata is the point towards which the fibres of the cerebrum and cerebellum converge, and whence most of the principal cerebral nerves take an origin. Its office is still enveloped in much obscurity. Forming the connecting link between the cerebrum and cerebellum on the one hand, and the medulla spinalis on the other, it must serve to transmit the influence of volition to this latter. It also serves, by means of the eigth pair of nerves, to endow important internal parts with nervous energy. From the sense of touch being generally diffused over the body, while all the parts and powers connected with other special sensations are limited to the head, it is perhaps not going too far to infer, that this portion of the nervous system, placed at the commencement of the chord which manifestly serves to transmit sensation and motion to the body, is the source of common sensibility, and of the instinctive and involuntary actions which are present in animals not possessing a cerebrum or cerebellum. At all events, if not the source of common sensation and instinctive action, the medulla oblongata exercises an especial influence over these faculties.

As different portions of the nervous system have different functions, so numerous observations prove, that one of these functions may become deranged from the operation of causes on that portion of the nervous system with which the function is associated, without other functions participating in the disordered action. Various affections of sensation and voluntary motion occur, either in consequence of injury or disease of the organs of transmission; or from injury or disease of the brain, as the source of sensation and motion. For example, paralysis of the inferior extremities may be caused by injury or disease of the spinal marrow, in consequence of the transmission of volition being impeded, although this faculty is exerted by the brain; the same effect may be produced by injury or disease of the brain, though the organs of transmission continue unimpaired; the faculty of volition being in this case affected at its source. In a similar manner, paralysis or functional disorder of one of the senses, may be occasioned either by causes acting primarily on the nerve and organ of sense, or by others which affect the sense through the medium of the brain.

We know that volition, the perception of sensations, and the intellect, are operations of the brain; and that these may become disordered from causes acting on that organ, without any perceptible structural change taking place ; but we are no more able to understand the manner in which the brain is affected in disorder of these functions, than we are able to comprehend the mode of operation by which the functions themselves are performed.

The faculties of the intellect, sensation and volition, being influenced by the condition of the brain, may become either preternaturally excited or weakened. All these faculties may be similarly affected at the same time, but generally the increased activity of one function is accompanied by suspension, or diminished activity of the others. In convulsive attacks, the sensitive and intellectual faculties are mostly either partially or totally suspended. Preternatural excitability of the senses is often accompanied by great muscular debility.

The circumstance of sensation and volition being morbidly affected, independently of disease either of the organs of sense, of the muscular system, or of their nerves, appears not to have had sufficient weight in the consideration of nervous disorders. When the intellect is deranged, the brain is clearly indicated as the seat of the affection; but disorders of sensation and volition, being necessarily evidenced by symptoms referrible to the organs of sense and instruments of motion, are frequently considered as local affections of the parts implicated, instead of being viewed as affections of the brain.

Different parts are endowed, through the medium of their nerves, with different kinds of sensibility; and the peculiar sensibility of each organ is called into action by the application of its appropriate stimulus, which, when applied to other organs, either produces no effect or causes serious inconvenience. Thus the eye is sensible to light, the stomach to the presence of aliment, the skin to impressions made on it by external agents: foreign bodies that cause no inconvenience when applied to the skin, would, if in contact with the stomach, occasion painful sensations; on the other hand, some substances which the stomach can bear with impunity, if applied to the skin would cause a high degree of irritation.

The action of pharmaceutic substances is a curious illustration of the sensibility of particular parts to particular stimulants. No valid explanation can be given of the operation of some drugs being confined to the kidneys, of that of some others on the nervous system, on the iris, &c. The pathological state frequently developes in organs, sensibility of a different kind to that which they possess in their normal condition. Ligaments which are naturally insensible to mechanical irritants, become acutely sensible in certain states of disease. The stomach, in its natural state, is not endowed with ordinary sensibility; but this is frequently produced by disease, so as to occasion pain on the introduction of the blandest food.

The sensibility of parts may become morbidly increased, blunted, or depraved, either from disease in the parts themselves, or from causes which affect their sensibility through the medium of the brain. Alterations of sensibility from causes acting primarily on the brain, are necessarily of more frequent occurrence in parts having relation with exterior objects, than in the viscera serving for the maintenance of organic life.

When the sensibility of a part is dis-

ordered, the effects are not only felt in it, but are frequently experienced in others which have sympathetic relation with it. If the part sympathising with the affected organ be endowed with a higher degree of sensibility, the symptoms referred to it are often more severe than those more essentially connected with the disorder. When the sensibility of the viscera is deranged, unpleasant sensations are often excited in various parts, without being referred to one organ more than to another; hence the feelings of general uneasiness, lassitude, and indisposition.

The sensibility of an organ will vary considerably in the same individual at different times, according to the state of the constitution and other circumstances. Persons in health have the power of supporting great extremes of temperature, which could not be borne if they were in a debilitated

state, or if their general health were disordered. Many articles of diet that the stomach could bear, without inconvenience, when in a healthy condition, might be productive of severe pain, or an attack of inflammation, if taken at a period when the powers of this viscus are from any cause impaired.

Individuals are endowed with nervous sensibility in different degrees. Women possess it in a much higher degree than men, and are consequently more susceptible to impressions made on the brain. This susceptibility constitutes what is termed the nervous temperament, or disposition: it may either be natural, or acquired by education, mode of living, &c.; and renders its possessor more liable to the occurrence of nervous disorders.

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OF NERVOUS DISORDERS IN GENERAL.

DERANGEMENT of the functions of the nervous system is prevalent in proportion to the degree of susceptibility of the brain to impressions produced on it by external agents, or by the operations of the mind. This cerebral susceptibility rarely exists in a high degree while man continues in a low state of civilization. In proportion, however, to the increased exercise of the intellectual faculties, and to the progress made in the luxury and refinement of civilized nations, does the nervous system become more sensible to pleasing and painful impressions: the causes of nervous excitement become more multiplied, and a high degree of sensibility is engendered; which, while it enhances many of the enjoyments of life, at the same time predisposes to numerous diseases, from which the barbarian and the labouring man, occupied in his daily routine of mechanical employment, are exempt. The Romans, under the republic, enjoyed an exemption from nervous disorders, which forms a striking contrast with their prevalence among the same people in later times. In this country these complaints prevail, at the present day, to an extent unknown at any former period, or in any other nation.

The modern system of education, which tends to the cultivation of the cerebral faculties in a degree disproportioned to the exercise of the bodily powers, is one of the chief causes of the nervous susceptibility becoming excessively developed; the prejudicial effects of which are more evident after puberty, and during the succeeding years of life, when the mental sensibilities are more directly called into action.

In infancy and childhood, up to the period of puberty, that is to say, previous to the full development of the mental faculties and the passions, nervous disorders are of rare occurrence; if we except those which, though occasionally produced by the operation of moral causes, more frequently arise from mechanical nervous irritation reacting on the brain, and mostly affect the muscular system, so peculiarly excitable at this time of life; as in the convulsions from teething, or from worms in the alimentary canal: chorea, from intestinal irritation.

After puberty, during adolescence and manhood, when the intellectual faculties, the passions, and moral affections, are in full activity, the effects resulting from the increased ratio of mental excitement are more apt to shew themselves; hence the prevalence, at these periods of life, of hysterical, maniacal, hypochondriacal, and other nervous diseases. Civic life also developes the nervous temperament and predisposition to disorder in a much greater degree than a residence in the country. In a large city, where the general health is frequently deteriorated by irregularity of living, breathing an impure atmosphere, and by diminished muscular activity, the operation of causes productive of direct cerebral excitement, such as the anxieties attendant on various occupations, dissipation, late hours, crowded societies, &c. is peculiarly liable to occasion any nervous disorder, to which a predisposition may exist.

Women, in consequence of the greater delicacy of their physical organization, and the high degree of nervous sensibility with which they are endowed, joined to their more sedentary mode of life, are easily and more strongly affected by agreeable or painful impressions; and, consequently, are much more subject to nervous diseases than men, who are comparatively exempt from various complaints to which the female sex are liable; but who, as life advances, become more subject to mental and nervous diseases, in consequence of their being more exposed to numerous sources of cerebral excitement, in the worry and turmoil of the world.

Causes acting directly on the brain, through the medium of the mind or of the senses, have the chief share in the production of nervous disorders; which are seldom occasioned by local irritation of remote organs, unless a predisposition to these disorders have been induced by the previous operation of moral causes. Nervous symptoms caused by local irritation sympathetically affecting the brain, usually subside on the removal of the irritating cause; and are less likely to recur, than those affections which are induced by causes more immediately acting on that organ. Thus, though dyspeptic complaints frequently occasion much suffering in the affected organs, as well as pain, depression of spirits, and other unpleasant symptoms referrible to the head, they will not cause hypochondriasis, unless a predisposition to this disease have been previously engendered by circumstances connected with the intellectual or moral position of the individual.

The local irritations which most frequently excite nervous disorders, are those of the mucous membrane of the alimentary canal, and of the skin. Temporary irritation of either of these parts is, however, in general, productive of little else than transient derangement of the nervous system, unless its sensibility be so exalted as to require the operation of a very slight exciting cause. Where this exalted sensibility or tendency to nervous disorder exists, irritation of mucous membranes, of the skin, as well as of other parts, is often the exciting cause of any disease to which a person may, from peculiar circumstances, be predisposed.

When we take into consideration the powerful and instantaneous effects produced on the body by the operation of moral and mental impressions, as fainting, convulsive attacks, or even death itself; and the less serious consequences of these impressions, such as the paleness of the countenance and privation of muscular energy occasioned by fear, loss of appetite from the receipt of unpleasant intelligence, &c., we may readily account for the occurrence of many nervous disorders, without seeking their causes exclusively in real or supposed derangement of parts remote from the brain; which derangement, when present, is often either a consequence of the cerebral affection, or an accidental complication.

The influence of moral causes in the production of nervous disorder has not been hitherto sufficiently considered; hence this disorder is often attributed either to the effects which it occasions, or to any disease with which it may happen to co-exist. It is only in cases of mental aberration that due weight is ascribed to these causes in producing the disease. M. Georget, who has ably exposed the fallacy of some of the theories which refer nervous disorders exclusively to irritation or derangement of other organs than the brain, says, in alluding to this subject, "If the stomach be irritated by improper food, many diseases may be occasioned; in like manner, moral causes may produce disorder of the sensitive and intellectual functions. The only occasions on which importance is attached to disturbance in the functions of the brain is when there is complete derangement: an individual may have insomnia, cephalagia, moral, intellectual, or muscular weakness, but if he is able to reason and follow certain ideas, it is said that the brain performs its functions healthily; but, on the other hand, if an individual experience loss of appetite and slight distaste for food, he is considered to be labouring under gastric disorder."*

Persons suffering from various nervous disorders frequently live to an advanced age, and retain an appearance of health, which would be incompatible with the existence of long continued disease of the parts to which the symptoms are referred.

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* De la Physiologie du Systeme Nerveux.—*Paris.*

When disease or functional derangement of an organ remote from the brain co-exists with nervous disorder, it can generally be recognised by its characteristic symptoms; and, though rarely the original cause of the cerebral affection, it may react on the brain, so as to keep up and aggravate the nervous symptoms; where a high degree of susceptibility exists, it also frequently proves an exciting cause of relapses.

Functional disorder of the brain may implicate muscular action, the sensations, and organic or visceral sensibility, as also the operations of the mind. A single function of the brain may be affected, or several may be disordered at the same time, or in succession, according to the degree of susceptibility; the nature of the predisposing and exciting causes. When the disorder affects principally the mental faculties, it assumes one or other of the forms of insanity.

One or more of these faculties is, however, frequently deranged, during the course of nervous disorders, in the ordinary acceptation of the term. These disorders occasionally occur in connection with mental alienation. Mr. Brodie mentions, in his Lectures, two cases of nervous disorder alternating with insanity. The subject of one case was a lady affected with nervous wry neck, which had lasted a year, when melancholy madness came on, and the nervous affection subsided; after some time, however, the mind recovered its healthy condition, but the wry neck returned. In the other case, the patient had nervous pain in the back, she also became insane and the pain left her; the insanity continued two years, and when recovery took place, at the expiration of this period, the patient again became affected with the pain in the back.

Sensation and voluntary motion become

disordered in various ways: morbid irritability of the brain will give rise, in one person, to a convulsive affection; in another, to preternatural acuteness or perversion of sensation. A state of cerebral torpor or exhaustion will, at one time, occasion suspension of the functions of one or more of the senses; at another period, volition will be more or less implicated. One of the senses may be morbidly excited at the same time that another is in a state of atony. The sense of hearing is frequently preternaturally acute, while the patient is labouring under temporary privation of the faculty of vision. On regaining the power of one faculty, some other will frequently become affected; for instance, on recovering the faculty of sight, one of the limbs may become paralysed, and the muscular atony may be superseded by some other affection of the sensitive function.

These disorders are, for the most part, not attended by serious consequences, nor accompanied by febrile disturbance. They vary greatly in their symptoms and progress, and are sometimes of long duration; the symptoms being either constantly present, or recurring at regular or irregular periods. Some are productive of much suffering, while others do not occasion pain, and are felt merely as an inconvenience. In some cases, the symptoms frequently shift their situation, affecting various parts simultaneously, or in succession; at other times, they are concentrated towards some part in particular. Although, in general, capable of being greatly alleviated by medical treatment, they sometimes resist all the efforts of art, and either cease spontaneously, or become merged into some other disease.

The frequent variation, and the periodical cessation or aggravation of the symptoms, are features peculiar to disorder of the cerebral functions; serving, in many instances, to distinguish it from other diseases. These peculiarities depend on the constant succession of impressions to which the brain is exposed; the disorders of that organ do not, in consequence, follow the definite course pursued by affections of other parts.

After a long continuance, or repeated attacks of nervous disorder, the intellectual faculties and the disposition of the individual often become affected; hence, loss of memory, deficiency of judgment, inability of fixing the attention, caprice, irritability of temper, are frequent concomitants of these affections.

Having thus briefly adverted to the chief causes and peculiarities of nervous disorders in general, I shall take a short view of their more severe forms, in which many parts are simultaneously implicated, and shall subsequently proceed to the consideration of some special affections of sensation and voluntary motion.

OF HYSTERIA, EPILEPSY, AND CHOREA.

It would greatly exceed the limits to which I restrict myself, were I to enlarge upon all the circumstances connected with these diseases, which have been so repeatedly and so ably treated of by persons much more competent to the undertaking than myself. Nevertheless, as much variety of opinion exists relative to their pathology, I may perhaps be excused in adverting to some of the leading peculiarities, which serve to exhibit their connection with other nervous affections, and which tend to prove that the various forms of nervous disorder are referrible to one common origin: viz. functional derangement of the brain. Were the subject generally viewed in this light, much of its apparent complexity might be accounted for, and some of the obscurity in which this branch of pathology is enveloped would be dispelled.

Hysteria is a convulsive affection of voluntary muscles, more or less general, occurring in paroxysms neither preceded, nor accompanied, by fever, but attended by suspension of some or all of the intellectual and sensitive faculties.

The convulsive attack either comes on suddenly, immediately following the operation of the exciting cause; or is preceded, for some hours or days, by various premonitory symptoms, such as a feeling of general indisposition, great depression of spirits, irritability of temper, fits of laughing and crying without any assignable cause, capricious appetite, disturbed digestion, frequent sobbing and spasmodic breathing, a feeling of constriction about the chest or throat, and of a ball passing from the stomach upwards producing a sensation of suffocation, severe headache, general agitation from the slightest cause.

On the accession of the fit the body becomes violently convulsed, the muscles of the face, neck, trunk, and superior extremities, being generally more severely affected than those of the inferior extremities; the patient sometimes screams out loudly, at other times labours under alarming dyspnæa as if in danger of suffocation, the heart and carotid arteries throb violently, consciousness is either totally or partially suspended.

Towards the termination of the paroxysm the convulsions become less violent, the patient sighs deeply and frequently, and regains a greater degree of consciousness. When it has entirely subsided she lies completely exhausted, the ideas are confused, the senses very susceptible, and severe headache is mostly complained of. The patient, at length, gradually recovers her powers, and is restored to her accustomed health; suffering, however, in some cases, from various nervous symptoms, for some time after the paroxysm.

The duration of the attack varies from a few minutes to several hours: when it lasts long there are remissions in the violence of the symptoms. The probability of its recurrence will depend on the predisposition of the patient, and the nature of the exciting cause. In some patients, an attack is occasioned by the most trivial circumstances, and recurs habitually until a cure is effected either by a total change in the mode of living, by some strong moral impressions, or by the natural sensibility becoming obtused on the approach of more advanced age.

The chief predisposing cause is the peculiarly irritable state of the brain, or what is usually termed nervous susceptibility, nervous disposition, irritable nerves, &c. which may be either natural or acquired. Anything tending to induce or increase this state of cerebral irritability, as strong moral impressions, mental emotion, luxurious and indolent habits, may be ranked among the predisposing causes of this disease.

The most frequent exciting causes are those which have a direct operation on the brain, as sudden emotion of the mind, fright, joy, surprise, contradiction, disappointment, anger, certain odours, the sight of particular objects of antipathy. Irritation of the alimentary canal, of the uterus, of the skin, heat, exposure to wet and cold, or any circumstance which depresses the powers of the system, may also prove exciting causes of hysteria.

During the paroxysm, little can be done beyond preventing the patient doing herself injury, removing any part of the dress that occasions constriction, admitting fresh air, applying cold to the head, and occasionally sprinkling the face with cold water.

The indications in the general treatment, are to diminish the cerebral irritability, and to ward off an attack when threatened. We may endeavour to fulfil the first indication by removing, if possible, any known cause of mental anxiety or annoyance, by recommending the adoption of such measures as tend to impart tone to the system, as a residence in a pure atmosphere, exercise in the open air, mental occupation, cheerful society, the keeping early hours, a generous but not stimulating diet, the exhibition of tonic remedies when not counterindicated. All causes productive of too great cerebral excitement should be avoided, a constipated state of the bowels should be obviated, and we should attempt to remedy any existing derangement of the digestive and catamenial functions, by the adoption of measures most appropriated to the circumstances of each case.

The second indication in the treatment may sometimes be fulfilled by exciting the brain, through the medium of moral influence, sufficiently powerful to divert the patient's mind from the consideration of her disease. The same object may sometimes be attained by removing any existing local irritation. The presence of improper food in the stomach, and a constipated and overloaded state of the bowels, not unfrequently cause an access of hysteria; when, if the source of irritation be removed, by purgatives, the attack may often be averted. If the patient be plethoric, a moderate bleeding will frequently remove the symptoms which betoken the approach of a fit. Sedative and antispasmodic remedies are often highly serviceable in allaying the nervous irritability. The acute headache, which is a pretty constant symptom, will generally be relieved by the application of three or four leeches to the forehead or temples, the subsequent employment of cold lotions, and the exhibition of a sedative.

Any circumstance which has the effect of keeping the patient's attention fixed to her disease, will tend to prevent recovery taking place: the officiousness and excessive sympathy shewn by relatives and friends, have, in this manner, a most prejudicial effect; hence the greater intractability of hysterical cases in private practice than is experienced in those occurring in public institutions. On the other hand, if the patient be apprehensive of the employment of an unpleasant remedy, or if she know that her having a fit will attract little notice, she can, in many cases, by an exertion of the will, prevent its occurrence.

The more aggravated and intractable cases of hysteria sometimes terminate in epilepsy, confirmed melancholy, or some other form of mental aberration; a congestive state of one or other of the viscera is occasionally induced, laying the foundation of organic disease. These terminations are, however, fortunately of rare occurrence; some patients, after having been for years subject to the disease, and afflicted by a host of nervous complaints, which have resisted the efforts of medicine, recover spontaneously, and enjoy robust health.

For the removal of various distressing nervous symptoms, which frequently remain for some time after an attack of hysteria, sedatives and diffusible stimulants will be found eminently serviceable. The predominance of particular symptoms will indicate the class of remedies, from which most benefit is likely to be derived. The remedy which I have found most effectual in relieving some of the symptoms indicative of nervous irritability, is the Humulus Lupulus, exhibited either in the form of tincture or extract. This sedative does not occasion the inconvenience that opiates frequently produce. It frequently procures sleep, after the failure of other anodyne remedies, and is often highly efficacious in allaying the irritability of the stomach, and disposition to sickness, which so frequently resists the ordinary means of relief; from half a drachm to a drachm of the tincture may be given for this purpose, in an effervescing saline draught, and repeated every four or six hours if necessary.

After repeated attacks of hysteria, when the disease appears to be established in the system, particularly if settled grief or mental anxiety have been the predisposing cause, the patient not unfrequently becomes hypochondriacal, broods over her condition, imagining she has disease of some important organ, and is continually dosing herself with medicine. The dejection of mind is very great, much lassitude and disinclination to mental or bodily exertion are experienced, the senses become morbidly irritable, the memory and intellectual faculties impaired, the complexion assumes a chlorotic or jaundiced hue, the appetite is capricious, the tongue furred, the functions of the chylopoietic viscera deranged, menstruation irregular and scanty, headache is almost constantly present, the extremities are cold, the pulse frequently irregular, the sleep unrefreshing and disturbed by dreams. In any similar condition of the system, it is of the utmost importance to abstract the patient's mind from the constant contemplation of her ailments; unless this can in some measure be effected, purely medical means will avail but little, except as palliative of urgent symptoms. We should endeavour to ascertain whether any latent cause of mental uneasiness exist; if so, and it be capable of removal, this alone will go far towards effecting a cure. Where, however, no such cause exists, or its removal is impracticable, nothing will be more likely to restore the mental equilibrium, than change of air and scene, travelling by easy journeys through an interesting country, agreeable occupation of the mind, by cheerful society and amusements, exercise in the open air, the avoidance of all causes likely to produce too much nervous excitement or bodily fatigue.

The primary indications in the medical

treatment will be to rectify the deranged condition of the digestive organs, and to allay the nervous irritability, by a regulated diet, and the judicious employment of mild aperients and sedatives. Repeated active purgations and the habitual use of mercurials, are mostly prejudicial; although they may procure temporary relief, the symptoms generally recur in an aggravated degree. Constipation of the bowels may be obviated by the exhibition of castor oil, or of a pill composed of three grains of extract of colocynth, and two grains of extract of hemlock; and by the use of enemata.

The following mixture has often the effect of maintaining a regular action of the bowels without producing irritation:

℞. Mann: Opt.
Magn: Sulphat: ā ℥iii
Tinct: Rhei. ʒii

Syr: Papav: ʒiii
Infusi: Rosæ. ℥ vss. M ft. Mistura
Coch: ii magna bis Die sumenda.

The tincture of hops in half drachm doses repeated every four or six hours in a saline draught, or in camphor mixture, is highly beneficial in allaying the nervous irritability. As the skin in many cases either feels harsh and dry, or is covered with clammy perspiration, the tepid bath every four or five days will be an important auxiliary.

When the tongue becomes clean, and the state of the digestive organs improved, great advantage will be derived from tonics, particularly the preparations of iron; should these disagree small doses of the sulphate of quinine may be substituted. As tonic remedies ought to be continued for, at least, several weeks, they will frequently require to be varied, and occasionally omitted for a few days. In some cases, where tonics cannot be borne, the carbonate of ammonia, in doses of two or three grains, added to the compound infusion of orange peel, may be advantageously employed, the predominance of particular nervous symptoms will require to be treated according to circumstances.

The opinion that hysteria depends on disorder, or irritation of the uterus, was generally adopted by the ancient physicians, and is the prevalent one of the present time: the disease being classed with diseases of the uterine system, in most elementary works on the practice of medicine. The principal arguments on which this opinion is founded are, that the disease occurs, in women only, at the period of life when the uterine functions are in activity; that it is preceded or accompanied by suppression, or some derangement of the catamenia; that a chief cause is the continence which a life of celibacy necessitates, and that consequently the disease is generally curable by marriage.

Although well authenticated cases of hysteria in the male sex are on record, and nervous complaints, which would be considered of an hysterical nature, if met with in women, not unfrequently occur in men endowed with a high degree of nervous susceptibility; yet the existence of hysteria in the male sex is denied by those who regard it as a disease of the uterus, though they admit that the symptoms in men have great analogy with hysteria; "but," say they, "the occurrence of hysteria, is impossible "in man, because the uterus does not "exist." *

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* Louyer-Villermay, Traité des Maladies Nerveuses.—*Paris.*

It appears to have been overlooked by these pathologists, that the period at which the uterine system assumes important functions, is also that of the greater development of the moral and intellectual faculties; or this circumstance has been considered merely as a consequence of the change which the generative system undergoes. From the period of puberty, a new kind of cerebral existence may be said to obtain. New thoughts, ideas, and desires, are awakened, the individual is subjected to innumerable sources of excitement which had no previous existence, and is consequently exposed to various disorders of the intellectual, moral, and sensitive faculties, which do not occur at those periods of life when the brain is in a comparatively quiescent state.

It is a singular circumstance that the seat of a disease, which produces such universal disturbance of the functions of the body should have been placed in the organ, perhaps the least affected of any, and to which none of the symptoms are referrible, upon no other grounds than the existence of some catamenial derangement, which is by no means a constant concomitant of hysteria, and when present is generally consecutive to, and part of the general disorder of the system. This opinion has been adopted in the face of facts proving that the uterus could have nothing to do with the production of the disease: thus, Villermay relates a case of hysteria in a girl eleven years of age, occurring in consequence of her being denied possession of a watch, she had been previously promised. Another case is related of a maid servant being seized with the disease on entering a room where her mistress was labouring under an hysterical paroxysm. Another, of two ladies being attacked, although they had never previously had the disease, in consequence of seeing a friend while in a fit. Similar examples might be multiplied *ad infinitum*, and must be familiar to every practitioner.

M. Villermay, in endeavouring to account for the occurrence of these cases, is obliged to admit that, "although in hysteria the nerves of the uterus influence the nervous system of the economy, in some circumstances the nervous system in general may be primarily affected, and modify, in its turn, the nervous action of the sensibility of the uterus."*

It is true that hysteria ceases in many instances after marriage; but in these cases, the predisposing causes may generally be traced to the anxieties attendant upon the passion of love, the disappointment resulting from opposed inclination, the greater concealment and constraint that females are obliged to subject their feelings, than are men under similar circumstances. Where such causes have tended to produce the disease, marriage, by removing the mental source of uneasiness, will generally effect a cure: or it may operate to the same end by the change in the mode of life, and by diverting the patient's attention from the disease; but not, as has been supposed, by the mere union of the sexes. If the mind be ill at ease from domestic annoyances, and from the additional cares and anxieties which matrimony frequently entails, a married woman will be as liable to the disease as a young girl, whose chagrins are derived from other sources.

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* Traitè des Maladies Nerveuses.

The evidence that hysteria is essentially a disorder of the brain, may be deduced from observation of its causes, symptoms, and of the remedial measures which are productive of the greatest benefit. In all cases, pain or other unpleasant sensations are referred to the head; the faculties of the intellect, of sensation, and voluntary motion, are more or less impaired. In almost every instance, the disease is induced by the agency of mental or moral impressions, acting either as predisposing, or as exciting causes; and, in the majority of cases, these are the sole causes which operate in producing the disease, the disturbance of the bodily functions being a consequence of the cerebral disorder. In those cases where hysteria is occasioned by local irritation of particular organs, the cause becomes in general apparent, and the disease usually subsides on its removal, as the following cases exemplify:—

"A young woman æt. 26, in whom menstruation is always performed with difficulty, and scanty in quantity, being by no means proportioned to the quantity of blood circulating in the system, a plethoric state is occasioned. The day previous, or on the day of the appearance of the menses, she is generally attacked by headache, loss of appetite, cramps and pains in the epigastric and hypogastric regions, with sense of weight in the latter part; the legs and arms are debilitated to such a degree that she cannot sustain herself, she sheds tears, and is attacked by convulsions. On recovering, she is weakened and depressed, feels general indisposition for some hours, and sometimes experiences great pain until the menstrual secretion is established. When this has continued two or three days without intermission, she is entirely relieved, and recovers her health and strength until the following monthly period, when similar symptoms recur. Bleeding, leeches, baths, vegetable diet, relieve the patient, without curing her entirely."

"A girl æt. 16, in whom menstruation was regularly performed, was suddenly seized with convulsive attacks, which returned two or three times a week; she was aware an hour previous to the attack of its being about to recur. It commenced with slight shivering, and a sensation of cold vapor rising from the abdomen to the head; then succeeded loss of consciousness, with convulsive movements of the limbs.

After trying various antispasmodic remedies without effect, a purgative was administered, which occasioned copious alvine evacuations, and the passage of two lumbrici; several others were subsequently passed, after which the patient was cured, and had no recurrence."*

The remedies which are most effectual in mitigating and removing the symptoms, are those which have an immediate action on the nervous system. Such direct effects as are witnessed from the influence of the mind in the prevention of an attack, and on the progress and duration of hysteria, could only occur in a disease of cerebral origin.

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* Mongellaz, sur les Affections Convulsives.—*Paris.*

EPILEPSY.

The disease bearing the greatest resemblance to hysteria is epilepsy. The leading features of both are the general convulsive attack, with suspension of consciousness and of the faculties of the senses. In the epileptic attack, however, the convulsions are more violent, the fit comes on with scarcely any previous warning, the insensibility is also more complete than in hysteria, in which the patient generally retains some degree of consciousness and sensibility to external impressions. Epilepsy, like other nervous diseases, chiefly attacks those who are endowed with a high degree of cerebral excitability. It is frequently induced by causes acting immediately on the brain: as fright, or other mental emotions. Where a predisposition to the disease exists, it may be caused by local irritation of a part sympathetically affecting the brain. In some cases, the cause is organic disease of the brain, or bony projections within the cranium. Whatever be the nature of the exciting cause, epilepsy is generally admitted to be a disease of the brain. Nothing is known of the manner in which this organ is affected, though it is most probable, that some change in its circulation is the immediate occasion of the paroxysm. From the severity of the symptoms, and frequently from the more permanent nature of the exciting cause, the faculties of the mind are earlier, and more severely impaired than in other nervous disorders; the disease, when of long duration, sometimes terminating in some form of mental alienation. The principal indications of treatment are to diminish cerebral irritability, by the avoidance of all sources of vascular and nervous excitement, by the abstraction of blood, the employment of purgatives, counter-irritants, sedatives, &c. and to remove any existing local irritation that may prove an exciting cause of the disease. The condition of the alimentary canal, and of the uterus, will require to be particularly attended to; these parts being frequently the seat of irritations most likely to affect the brain.

Epilepsy is, however, less under the control of medicine than hysteria and other nervous disorders. Innumerable remedies have been, in turns, brought forward as specifics for this disease. Doubtless, in many of the cases which have been reported as cured by the empirical employment of various drugs, the influence of the mind and other circumstances have had the greatest share in the cure. The nitrate of silver is a remedy which preserves its reputation for the cure of epilepsy. It is not improbable that this medicine operates by diminishing the irritability of the nervous system, in a somewhat similar manner as when used as a local application to irritable surfaces it diminishes the morbid sensibility of parts. On this principle, it has been employed with benefit by Dr. J. Johnson, in some cases of morbid sensibility of the stomach and bowels.

Little can be effected towards the permanent relief of those cases which depend on structural change, or bony growths, within the cranium. The frequency and severity of the attacks may sometimes be lessened by a regulated and abstemious mode of living, and by the patient carefully avoiding all sources of over excitement of the brain.

Epilepsy differs from other nervous disorders in being frequently connected with structural alteration of the brain, or its coverings. The existence of an hereditary tendency to the disease appears to indicate some peculiarity in the conformation of the brain, as its cause in some cases. In general, however, epilepsy may be considered as depending on simple functional disorder; and, it may be questioned, whether, in most instances where organic change of the brain is apparent after death, this be not an effect of the injury which the delicate texture of that organ may have sustained during the violence of the paroxysms.

CHOREA.

This disease attacks almost exclusively children between the age of six and fifteen years, a period of life when much nervous energy is expended in the great activity of the muscular system. Children of an irritable and weakly habit are most subject to the disease, girls more so than boys. It may either arise from the operation of causes directly affecting the brain, as observed when healthy children become affected by associating with others who have the disease, the principle of imitation so forcibly developed at this time of life being sufficient to produce it; or it may originate from irritation of distant parts reacting on the brain.

A frequent exciting cause is irritation of some part of the alimentary canal, the disease being generally preceded, or accompanied by a deranged condition of the digestive organs. The abdomen becomes tumid, the tongue furred, the appetite variable or ravenous, and the bowels are obstinately constipated. The secreting functions of the skin are mostly disordered. The spasmodic and irregular muscular actions are more or less general, one side being usually more affected than the other; the patient performs the ordinary actions of the affected parts with great difficulty, the attempts occasioning the most grotesque gesticulations. Muscles more directly under the influence of the will in health, as those of the extremities, face, and neck, are principally implicated.

Like many other affections which have a cerebral origin, the symptoms are absent during sleep, and are aggravated when the patient is conscious of being an object of attention. The disease often continues long after the causes which occasioned it have ceased to operate; it appears to become rivetted in the system by habit, frequently resisting the efforts of medicine, and spontaneously subsiding after a longer or shorter period. When it is of long duration the countenance assumes a fatuous appearance, and the intellectual faculties generally become more or less impaired.

Chorea appears to depend on a disordered action of the brain, by which the faculty of volition is principally implicated. Cases of nervous disorder having great analogy with this disease, are not unfrequently met with in the more advanced periods of life; these may arise either from the operation of moral causes, or from injury and disease of the brain or spinal marrow. In

PART II.

OF SOME SPECIAL AFFECTIONS OF VOLUNTARY MOTION AND SENSATION.

We are naturally led to place the origin and seat of disorders of sensation and voluntary motion in that part of the nervous system whence the organs of sense and the muscles derive their influence, provided no actual disease exist in these organs themselves to account for the disorder of their functions. When we see the functions of one of the senses impaired, after the operation of causes affecting the brain, either directly or indirectly, must we not infer that the part of the brain destined for the perception of the impressions made on the organ of sense is the seat of the disorder ? or if a convulsive attack or paralysis of a part be induced, should not the disorder be referred to the brain, when remote irritation, or moral causes operate in its production ; as it is when similar affections ensue from structural disease, or mechanical injury of that organ ?

These affections of voluntary motion and sensation, apparently so varied in their nature and situation, may then be considered as depending on cerebral disorder of a partial nature, implicating in some instances one or more of the senses ; in others the muscular action of particular parts ; in others again, the operations of parts less directly influenced by the brain. Like the functions of the intellect those of sensation and volition may be affected in different degrees, and the symptoms of their disorder frequently vary in the same individual. During the existence of disorder of one of these functions, the other is, in many cases, not implicated; disordered muscular action is, however, not unfrequently complicated with disordered sensation.

A. NERVOUS DISORDERS AFFECTING VOLUNTARY MOTION.

THESE disorders depend either on a state of excitement or of atony of the faculty, of volition, and may be induced by the agency of moral impressions, as also by irritation of viscera or other parts. In highly susceptible persons, the exciting cause is often some trivial injury, as a slight blow, a scratch, the application of a blister, &c. by which the symptoms are frequently determined towards the seat of the irritation. Although causing great annoyance to the patient, and sometimes of long duration, they are not, if properly managed, attended by serious consequences, and in most cases speedily yield to the remedial means employed.

1, *Deranged Muscular Action depending on Cerebral Excitement.*

Fixed contraction of various muscles may be occasioned by the operation of the above-named causes, or it may supervene on some other form of nervous disorder. The degree of contraction varies according to the nature of the part implicated and other circumstances, it is sometimes so strong as to require the employment of much force to overcome the resistance. The efforts of the patient to overcome the rigidity are in some cases unavailing, but generally the patient retains more or less power of moving the part.

The muscles of the superior extremity appear to be more frequently the seat of fixed contraction than those of the inferior extremity. The flexors of the elbow are often affected, this joint being maintained in a state of flexion or semiflexion while the patient is awake; but if the attention can be abstracted, the part will often become partially relaxed, and may be moved with comparative facility. The joint may sometimes be easily extended, but reverts to the flexed condition as soon as the extending force is withdrawn; at other times, the contraction is attended with pain, which any attempts at extension aggravate. In some cases, the skin of the part is morbidly sensitive to the touch. The fingers are also frequently contracted, the hand being held firmly clenched, particularly when attempts are made to open it, or when the patient's attention is otherwise directed to the complaint. This state is not unfrequently combined with contraction of the flexors of the elbow, or with other nervous symptoms.

The muscles which raise the lower jaw are occasionally implicated, producing lock jaw more or less complete. When the muscles are so rigidly contracted as to prevent the introduction of substances into the mouth, considerable embarrassment is occasioned; no apprehension need however be entertained of the patient suffering materially from hunger or thirst, as when these sensations require to be allayed, sufficient relaxation will take place to allow liquids to be introduced. Wry neck is sometimes produced from the muscles on one side of the neck becoming the seat of the contraction. Other parts of the body are also liable to this affection.

The disorder is not in general of long duration, but relapses not unfrequently occur. In all its varieties, the affected parts become relaxed during sleep, and may then be freely moved. This circumstance will serve to distinguish the more obstinate cases from similar complaints of a purely local and more permanent character.

In treating this affection, the patient's attention should be abstracted as much as possible from it; we should attempt to remove any source of mental or bodily irritation that may exist, and to improve the condition of the chylopoietic viscera and uterus, when the functions of these parts are deranged. The abstraction of blood is seldom indicated. Purgatives, sedatives, antispasmodics, and diffusible stimulants, are, at different times, attended with benefit. Terebinthinate injections are highly serviceable in some cases, particularly of the tetanic variety. A blister applied to the nape of the neck, or at a little distance from the seat of the contraction, will sometimes procure its removal. When the contraction is attended with pain, or a preternatural sensibility of the skin, friction, with an anodyne embrocation, will frequently afford relief.

An unmarried female æt. 20, was admitted into St. George's hospital, in July, 1827, having two months previously fallen and hurt her left elbow and hip. Considerable pain and discoloration of the elbow were caused by the accident, but subsided after the employment of a liniment. When received into the hospital, the elbow joint was in a state of semiflexion, and the fingers and thumb firmly closed. While the patient was awake, manual attempts to overcome the contraction causing a kind of hysteric paroxysm. She complained of pain extending from the elbow to the wrist; this was aggravated by moving the forearm, and by lightly pinching up or tapping the skin. The sensibility of the skin in other parts of the body was also morbidly increased, but her general health was not impaired. Mr. Brodie, whose patient she was, prescribed the application of the spirit lotion of the hospital to the elbow, and the following medicine: Tinct.: Valer.: Ammon.: Vini Alôes āā ʒi sexta quâque horâ ex aquâ.

The patient feeling relieved by these means, they were continued, with the occasional employment of the shower bath, for about a month; at the expiration of which period, the pain having entirely subsided, and the patient having regained the use of the elbow and hand, the contraction recurring only for a short time at distant intervals, she was placed on the out patients' list.

Spasmodic and irregular action is sometimes confined to a single muscle, but more frequently particular sets of muscles, which have a combined action, are affected. The symptoms are either repeated twitching with frequent intermissions, or incessant movements of the affected parts while the patient is awake. They cease during sleep, diminish in violence and frequency when the nervous system is free from excitement, and are always aggravated by mental agitation. The muscles over which the will has the greatest control, as of the face, neck, and extremities, are most frequently implicated. Some internal muscles less directly influenced by the will, as those of the fauces, pharynx, and glottis, are occasionally the seat of irregular action. When the fauces and pharynx are affected great difficulty in swallowing exists; the introduction of substances into the mouth increasing the sensibility of the part excites severe spasmodic action. When the glottis is affected the respiration is difficult, and often attended with a croupy noise, or a sensation of suffocation: difficulty in the utterance of certain sounds, and various alterations of the voice are also frequently present. Spasmodic action of the diaphragm sometimes occurs, causing either severe cramp, or obstinate and distressing

Mental anxiety and agitation are often concerned in the production of disordered muscular action, which is not in general accompanied by pain or derangement of the sensitive and intellectual faculties, although some other nervous affection, particularly morbid sensibility of the skin does occasionally co-exist with it. The complaint is sometimes of long duration, but in many cases the patient's general health does not materially suffer.

Those means which tend to allay the nervous irritability on which the disorder depends will be the most likely to procure its removal. The current of the patient's thoughts should be diverted as much as possible from the complaint, the severity of which is often increased, and the duration prolonged by the patient's attention being constantly called to it by the anxious enquiries of sympathising friends. Energetic depletory measures seem to have more frequently the effect of increasing than mitigating the severity of the symptoms. The class of sedative and antispasmodic remedies is in most cases highly serviceable; when not productive of permanent benefit, these remedies will mostly afford temporary relief. The application of blisters to the nape of the neck is sometimes attended with advantageous results. Friction of the affected parts is often of service. The remedies will however be frequently changed in some cases, as a medicine from which great benefit is experienced when first taken, often loses its effect after a short time.

In every case, the condition of the digestive apparatus will require particular attention; a constipated state of the bowels will be better prevented by the employment of enemata and mild laxatives, than by the repeated use of drastic purgatives, which sometimes aggravate the disorder by the irritation which they produce.

Although primary disorder of the digestive organs is frequently the exciting cause of nervous affections, yet it has appeared to me that the deranged condition of these organs is often dependant on, and kept up, by the cerebral disorder. I have succeeded in several cases of nervous disease in removing gastro-enteritic derangement, after the failure of measures usually adopted, by the exhibition of sedatives in small doses, frequently repeated; the remedy which I have found most effectual in these instances, is the tincture of hops in a saline draught, or camphor mixture.

I extract from my notes an aggravated case of this form of nervous disorder which occurred in the hospital at Florence.

Dec. 10, 1830.—Three months ago, a girl æt. 17, in whom menstruation was occasionally irregularly performed, but healthy in other respects, on descending into a close cellar, fainted, and fell to the ground. In falling, she struck her neck against some projecting body; abscess formed in the situation of the injury—was opened—and healed at the expiration of six weeks. Some days before her admission to the hospital she lost the use of her left arm, and, shortly after, that of the left leg; the extremities of the right side subsequently became paralytic, and she was brought to the hospital in this state in the beginning of November. The intellect, the functions of respiration and digestion continued unimpaired, as did those of the detrusor urinæ and sphincter ani muscles. The case was considered to be inflammation of the spinal marrow. Repeated bleeding, the application of leeches and blisters along the spine, low diet, the exhibition of strychnine, and the formation of a sore by caustic in the situation of the previous abscess, produced no amelioration.

A fortnight ago, she suddenly heard of the death of a near relation; and, from that time, constant movements of the limbs succeeded to the state of paralysis in which they had previously lain. These movements have continued ever since, the arms are incessantly beating against the breast, the thighs and legs alternately bent and extended with violence. Though pale, her countenance does not indicate the existence of organic disease, the intellectual and vital operations are not impaired, she answers questions readily, the tongue is clean, the pulse weak. The prognosis delivered by her physician is unfavourable. She takes no medicine, but leeches are occasionally applied along the spine.

I ascertained that the motions of the limbs, though constant during the day, did not prevent her from sleeping at night, at which period they ceased. They were more violent when any one approached the bed and conversed with her, but when she was not conscious of being observed their violence was lessened, and they occasionally ceased altogether for a few seconds.

The patient had the power of so far interrupting the movements as to put her hand to her head, when directed so to do, and to point to any thing she wanted.

From a consideration of the peculiarities of the case, and of its long duration, I was led to infer that though the paralysis might have been occasioned by some irritation of the nerves, consequent on the healing of the abscess, the present symptoms did not indicate disease of the spinal marrow; that the complaint was essentially nervous, having great analogy with chorea, the motions of the limbs being, as in that disease, in some degree kept up by habit. This view of the case I communicated to her physician, who did me the honor to ask my opinion.

Dec. 24th.—The depletory measures have been discontinued, and the quantity of food increased, since the 14th. The patient has had, during the last two days, several hysterical symptoms, such as tremulous motions of the eyelids, loss of voice, occasional fits of laughter. The movements of the limbs are less violent, and at times cease altogether, she sleeps well, and her appetite is good.

Dec. 30th.—The patient, having been allowed a more full diet, is much improved in appearance; the movements are now almost entirely confined to the hands, and cease if her attention can be drawn off from her complaint.

From this time she recovered rapidly and was dismissed from the hospital in January.

Sir C. Bell relates the two following cases in the Appendix to his "Exposition of the Nervous System."

"A patient received a blow on the chest, which was followed by spitting of blood, she was much reduced by the necessary treatment, complains of heaviness and numbness on one side of the head and face, also of a sensation of cold water poured down her neck, this continued until the commencement of the singular motion of the head, which is the most remarkable symptom of her complaint. There is perpetual rolling of the head night and day; the head turns twenty-two times in a minute. The action producing this rotary motion is in the sterno-cleido-mastoideus, trapezius, and splenius muscles, first on one side, then on the other, so as to move the head on the tooth of the dentata, as regularly as if it were swung by a pendulum. Her breathing is perfectly easy, there is deafness in the right ear, and a degree of lassitude on the right side. The patient continued an object of interest for some months, her complaint being principally referred to the stomach. She was seized with an attack of hemorrhage from the lungs, was repeatedly bled, and subsequently became hysterical; as the debility increased the motion of the head became less, and at length subsided.

A young lady æt. 15, had a convulsive barking noise like a cough, excepting that the larynx was alone affected. There was no conforming action in the pharynx, velum, and lips. She would sometimes cough naturally between the intervals of the noise, but this did not interrupt the return of the unpleasant hard bark, at the rate of ten times a minute. It ceased when she was asleep, but the moment she awoke the family heard the noise, intolerable from repetition. It continued for a month and returned three successive winters."

I subjoin two cases from Dr. Bright's recent Work, illustrating other varieties of this disorder.

"I was requested to see a young lady who had lain for a fortnight, suffering day and night, from a convulsive effort, something between hiccup and an attempt to vomit. This was incessant; I heard it as I entered the house, though she was in the bed-room above stairs. She was weak and exhausted, with clammy perspiration, and dry tongue. It was impossible not to feel anxiety for the result. A blister to the nape, cold to the forehead, frequent doses of sulphuric ether, purgatives of cathartic extract and compound galbanum pill, tranquilized the whole in the course of the night, and in two days she was quite well."

"In August, 1829, I was struck, while passing through the wards, by the excessive spasmodic exertions of a female patient. On inquiry, I learnt that four years ago she had suffered from a severe inflammation of the chest, and had never been quite well since, being subject to frequent attacks of dyspnœa of a very singular character; from this she had never been free for more than three months at a time, and seldom more than five weeks. It came on rather suddenly, and lasted four or five days, sometimes several days, but always intermitted completely during the night, so that she slept with perfect tranquillity for seven or eight hours, but on waking it began afresh. The effort in breathing was most remarkable, consisting of a constant drawing up of the shoulders quite to the ears. This was repeated at each inspiration, which took place twenty-five times in a minute, with a kind of sobbing sound, almost like a pair of bellows. Various remedies were employed, and all the purgative and antispasmodic remedies in their turn gave temporary relief. Blisters on the neck and vertex also seemed to act well for a few days, but the symptoms quickly returned. She left the hospital in a time of temporary tranquillity, and became a patient of the Surrey Dispensary, where the steady administration of purgatives appeared to produce a permanent effect, for she was free from every symptom during five months, and has since had only one or two very slight and temporary attacks. Leucorrhæa has been constantly present, both during the paroxysm and long intermissions, but the catamenia have been regular."*

2. *Deranged Muscular Action, dependent on Cerebral Torpor, or Debility.*

Under this head may be comprised various degrees of atony and paralysis of parts, in consequence of the faculty of volition being impaired, independently of injury or organic disease of the brain. These affections may occur idiopathically from the operation of mental and other causes, particularly if the system be weakened by illness or other circumstances; but they are more frequently consequent on previous cerebral excitement, and often supervene on attacks of hysteria. They are generally of short duration, sometimes ceasing on the supervention of some other nervous disorder, but occasionally remaining for several days or weeks, and causing much apprehension in the minds of the patient's friends, that the complaint is of a permanent nature. The degree of atony varies in different cases; in some there is complete muscular paralysis of the affected part, while in others it only amounts to excessive debility. The sensibility of the skin is not usually affected, but it may be obtused, or even increased, so as to occasion pain on the slightest touch.

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* Reports of Medical Cases.

Those parts which, though necessary for the performance of ordinary actions, are not so directly controlled by the will as are some others, and hence require more exertion of this faculty for the healthy performance of their functions, appear to be most liable to affections connected with cerebral debility. Thus the muscles of the larynx, the levatores palpebræ superioris, the detrusor urinæ seem to be more subject to atony than the muscles of the extremities. The inferior extremities are more liable to nervous debility than the superior.

Local debility and paralysis are, however, frequently occasioned, independent of any disorder of the cerebral functions, by causes which have a direct operation upon the affected part. These effects may be produced by over exertion of a part, exposure to wet and cold, or by the action of some metallic poisons, as observed in the paralysis of the forearm and hand, to which house painters are liable. In these instances the causes producing the disease will generally be apparent. Attention to the peculiarities of each case, will readily enable the practitioner to discriminate these diseases, as well as paralysis dependent on organic disease or injury, from similar affections, which depend on simple functional disorder of the brain.

Muscular atony of parts is sometimes of such short duration, as not to require any specific treatment. Those cases which come on suddenly, in consequence of mental emotion, may generally be relieved by anodyne remedies, as opium or hyoscyamus, combined with sulphuric ether. When the disorder does not speedily subside, the remedies likely to prove most effectual are aperients, diffusible stimulants, chalybeates, counter-irritants, employed according to the exigencies of each individual case.

APHONIA. Temporary loss of voice, depending upon a state of atony or paralysis of some of the small muscles of the larynx from suspension of their nervous power, is of frequent occurrence. It may be either total or partial, and is often induced by emotions of the mind, as also by gastric irritation. The disorder is usually of short duration, yielding readily to the exhibition of sedatives, or aperients. It is sometimes complicated with excessive dyspnæa.

I was sent for recently to see a lady who appeared, at first view, to be labouring under an attack of laryngeal inflammation. The symptoms were complete loss of voice, great difficulty of respiration, inspiration being performed with a noise resembling that in croup, pain referred to the throat, the skin of which was morbidly sensitive to the touch, slight cough, heat of the surface higher than natural, pulse quick, but soft and compressible: she had been quite well a few hours previously, but had experienced great anxiety from some domestic circumstances. A draught composed of sulphuric ether, tincture of henbane, and camphor mixture, which was repeated, after three hours relieved the most urgent symptoms: in the evening the patient could articulate words in a low whisper, and, at the expiration of two days, she was restored to her accustomed health.

RETENTION OF URINE.—The muscular coat of the bladder, deriving its nerves partly from the spinal marrow, is partially under the control of the will, and may lose its power of contraction in consequence of the faculty of volition being impaired; hence inability to expel the urine occasionally occurs as a nervous affection. It rarely exists alone, but is not unfrequently complicated with other nervous disorders. The retention is sometimes so urgent as to require the use of the catheter, or serious consequences might ensue from the over distension of the bladder. Instrumental aid should not be had recourse to except in cases of necessity, as the retention will in general readily yield to the employment of other means, and the frequent use of the catheter tends to prolong the complaint by causing the patient's attention to be more strongly directed to it. The affection may either spontaneously subside, or it may be relieved by mild purgatives, by the carbonate of ammonia, opium, assafœtida, valerian, &c. exhibited according to the condition of the patient.

Ptosis.—The dropping of the upper eyelid is generally superadded to other nervous disorders connected with cerebral debility. It is seldom of long duration, recovering as the patient's general health becomes improved, but is occasionally kept up by irritation of the digestive apparatus. This nervous affection should not be confounded with ptosis resulting from structural disease of the brain, or within the orbit.

Paralytic Affection of the Extremities. — The inferior extremity is more liable to be affected than the superior. The whole of the limb may be implicated, but, in many instances, the affection is confined to the leg or foot. The paralysis may be either complete or incomplete; when incomplete, the patient retains the power of moving the part, although this is effected with great difficulty. In some cases both the lower limbs are paralysed, when this happens the paralysis is incomplete; the patient, though unable to support the weight of the body, possessing the power of moving the limbs when in an horizontal or sitting position. The skin mostly retains its natural sensibility, which may, however, be blunted, or even preternaturally acute.

I have never had an opportunity of seeing complete paralysis of the upper extremity, as a nervous affection; but have frequently met with partial muscular debility, in which there has been inability or excessive difficulty in performing particular movements, as bending the elbow, rotating the wrist, grasping, or retaining anything in the hand.

These paralytic affections not unfrequently come on after long illness, when they are sometimes of long duration; but if induced by mental emotions, and sudden in their access, they usually have a speedy termination. The remedial means should be directed to restore the nervous energy, and impart tone to the system generally, the patient's attention being abstracted as much as possible from the complaint. Tonics, especially the preparations of iron, ammonia, or the combination of these, as the ferrum ammoniatum, will be highly beneficial in many cases. Assafœtida and galbanum are occasionally serviceable, the employment of counter-irritation will sometimes be attended with advantageous results. Friction of the affected part sometimes assists in restoring its powers. In some cases, the disorder is not benefitted by any of the means employed, and spontaneously subsides after a longer or shorter period.

Dr. Bright relates a case of paralysis of the lower extremities of seven years' duration.

" A delicate young woman, æt. 24, was admitted into Guy's Hospital, Oct. 25, 1826. She had so completely lost the use of her lower extremities, that she was unable to walk a step without support. It appeared that this had been her condition for the last seven years. The catamenia had been obstructed about the time this complaint first came on, and for two years had not made their appearance. No disease could be detected on careful examination of the spine. She occasionally complained of pain in her temples, and the bowels were constipated.

The medicines ordered, were directed entirely to strengthen her general condition, by bringing the stomach and bowels into better action, and the employment of counter irritation, both by ointment of tartarized antimony, and repeated blisters to the loins. For a long time, very little improvement took place, the catamenia, retained in sparing quantity, and attended by great dysmenorrhœa, but at length, when she had been seven or eight months under treatment, she became rapidly well, and left the hospital walking as if she had never been ill.*

Another case, in the same work, illustrates the occasional long duration of nervous disorder, and the influence of moral impressions over it: —

Dr. Bright was requested to see a young lady who had been confined to her bed nine months: if she attempted to move she was thrown into a paroxysm of agitation and agony, affecting more particularly the abdomen. She had almost lost the use of her lower extremities, and complained of constant throbbing in the temples. She and her friends had given up all hope of her restoration; yet she had no appearance of important disease, her countenance bore no marks of visceral mischief, nor was it possible to discover any proof of organic change. It was not to be doubted that the nature of the case was hysterical, and looking to the range of medicine already employed, no hope was entertained, except in some unusual circumstance arising to excite the mind and change the train of mental operation. She appeared to have derived relief from some stimulating injection, and some pills, but on plain water and bread pills being substituted they were found equally efficacious. No change took place for some time, till having attended her about nine months, on calling one day, after an absence of a month, Dr. B. found her quite well, and sitting up to work. On inquiry he learnt that three mornings before, under a deep religious impression she had completely recovered her powers.

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* Reports of Medical Cases.

B. NERVOUS DISORDERS AFFECTING SENSATION.

Derangement of sensation either occurs as a symptom of various diseases, or as a consequence of simple functional disorders of the brain, when it may be complicated with derangement of the faculties of volition, and of the intellect. It is foreign to my purpose to enter upon the consideration of the more permanent hallucinations of sense which sometimes occur, or of the various alterations of sensation connected with mental aberration: false perceptions created by the brain without the existence of corresponding impressions on the organs of sense, and suspended on erroneous perception of existing impressions, are however of frequent occurrence, as varieties of nervous disorder. One sense may be alone affected, or two or three may be conjointly implicated in the disorder. The senses of hearing, sight, and touch, are more frequently affected than those of smell and taste; derangement of these latter being mostly symptomatic of other disease.

The perception of impressions may be morbidly acute or perverted, or it may be obtused or partially suspended. Moral causes operate greatly in affecting the perception of sensation, as do also over-exertion of the sensitive and intellectual faculties visceral irritations, and general debility of the system.

In the treatment of these affections of

sensation, energetic depletory measures will not frequently be required. The mental and moral management of the patient will influence greatly the course and duration of the complaint. In those cases which denote a state of cerebral excitement, gentle purgatives, sedatives, counter-irritants, and the occasional topical abstraction of blood will be the means most likely to afford relief; while in those affections consequent on cerebral debility, much advantage will often be derived from tonics and diffusible stimulants. As the symptoms however frequently vary, the remedial measures will require to be changed according to circumstances.

The sense of hearing is often preternaturally excited in nervous disorder. A false perception of sounds is sometimes occasioned, in which the patient hears various noises, without the existence of any corresponding external impressions on the organs of hearing. It is generally of short duration, and when present may prevent actual sounds being heard. In many instances the hearing is excessively acute, the patient possessing the power of hearing low whispers, or any slight noise, from a distance at which they could not be heard under ordinary circumstances. Common sounds often appear painfully loud: persons talking above an ordinary tone, the shutting of a door, &c., being sufficient to distress and agitate the patient. Morbid acuteness of the sense of hearing is usually combined with other nervous affections, especially with those of the senses of sight and touch; it may in general be materially lessened by keeping in the ears a small piece of cotton or wool, thereby diminishing the impulse of atmospheric vibrations upon the tympanum.

Obtused sense of hearing sometimes

occurs as a nervous affection: the degree of deafness varies at different periods without any apparent cause, the patient may be able at one time to hear distinctly, and experience considerable difficulty after the lapse of a few hours. This circumstance will sufficiently mark the distinction between the nervous affection, and deafness of a more permanent nature. The difficulty of hearing is generally greater on one side than on the other, and although usually of short duration, it may continue several weeks, when recovery will spontaneously take place.

Those measures which tend to improve the general health, and regulate the functions of the digestive organs, will be most likely to effect the removal of the complaint. In the more protracted cases, the employment of chalybeates, bitters, ammonia, galbanum, and counter-irritation, will offer the greatest probability of benefit. It may however be questioned, whether in many cases the duration of the disorder be affected by the remedies employed.

The sense of sight is liable to acquire a false perception of imaginary objects, and an erroneous perception of existing impressions from certain conditions of the brain. These visual hallucinations frequently occur in dreams, and are sometimes caused during the waking state, by mental emotions, over-exertion of the faculties of the intellect, and of vision, sympathetic cerebral irritation from gastric derangement, &c. They are also present in many nervous disorders, and spontaneously subside after a short time, but are liable to recur on increased nervous excitement taking place.

Morbid excitement of the faculty of vision is less frequently met with as a distinct disorder, than the opposite state, that of torpor or atony of this sense, producing a variety of amaurosis. This may either supervene on some other nervous affection, or it may be induced by general debility, emotion of mind, over-exertion of the visual faculty. Indistinctness of vision is sometimes caused by irritation of the digestive organs, of the uterus, by a slight blow on the head or other trivial injury.

This amaurotic condition usually affects both eyes, the pupils being dilated and sluggish ; sometimes the sight is more affected on one side than on the other. The degree of indistinctness of vision varies at different times, occasionally amounting to temporary blindness ; the sensation of specks floating before the eyes, or what is termed muscæ volitantes, not unfrequently occurs. Nervous amaurosis though generally lasting a short time, is sometimes of several days or even longer duration. When apprehensions that the complaint is of a permanent nature may be entertained by the patient's friend, attention to the general habit of the patient, the sudden accession of the disorder, the causes by which it has been occasioned, and its varying character, will prevent its being confounded by the medical practitioner with other varieties of amaurosis. I have seen this disorder induced by the application of a belladonna plaster, and by the internal administration of stramonium, when the patient was in a debilitated condition. On this last occasion, upwards of three weeks elapsed before the patient regained her powers of vision.

In the majority of cases this affection either ceases spontaneously, or subsides on the occurrence of some other nervous disorder. The sense of hearing, as is observed in persons totally deprived of sight, is also preternaturally acute, in many cases of nervous amaurosis; temporary deafness sometimes supervenes on the removal of the indistinctness of vision, but I have never seen these affections co-exist, except in those disorders which occasion general suspension of the sensitive and intellectual functions. In those cases which are of long duration, aperients, ammonia, ether, tonics, sedatives, and counter-irritation, employed according to the circumstances of individual cases, will be the remedies best calculated to procure the removal of the complaint.

The sense of touch in the literal meaning of the term, as applied to the exercise of this faculty by the hand, is rarely subject to idiopathic disorder; this, however, may occur, as in the disease called anesthesia, the power of feeling being lost, while that of motion remains. In persons deprived of hands, other parts of the body, especially the feet, often acquire, in a high degree, the power of appreciating by contact the form and density of bodies; the sense of touch may, therefore, be considered as a modification of the common sensibility of the surface of the body. From the extent of surface occupied by the skin, and the numerous relations it holds with surrounding media, disorder of common sensation frequently occurs from causes acting on the cutaneous nerves, as well as from causes which affect sensation through the medium of the brain.

The same nerves which impart common sensibility to the skin, also serve to transmit nervous energy to the voluntary muscles; hence, injury and disease of these nerves will generally affect both sensation and voluntary motion. Either of these faculties may, however, be separately deranged, by the operation of causes affecting separately those portions of the nervous system exclusively dedicated to each function, previous to the junction of the two roots which compose each spinal nerve. Thus, disease or injury of the posterior half of the spinal marrow will impair the sensibility of the subjacent parts, without implicating their movements, provided the anterior half of the spinal marrow be in its normal condition.

The abolition or diminution of common sensibility, and the faculty of touch, is met with in many diseases, generally combined with muscular paralysis. In some cases, however, of complete paralysis of voluntary muscles, the sensibility of the part is not impaired, it is even occasionally preternaturally acute ; and, in general, this function is less completely paralysed than that of voluntary motion, as an internal effort is required for the performance of this latter, whereas the perception of impressions made by external agents is a function of a more passive knid.

M. Royer Collard relates a case of muscular paralysis of the inferior extremities, with preservation of their sensibility, in which after death, the anterior portion of the spinal marrow was found softened and disorganized, while the posterior portion was unaffected by the disease.

The sensibility of the surface may be morbidly increased by injury and structural disease of the brain or spinal chord. A case is related by M. Serres, in the Archives de Medicine, of a patient who had complete muscular paralysis, with increased sensibility of the whole surface of the body. He cried out and suffered great pain when the skin was lightly touched, and when the paralysed limbs were moved. On examining the body after death, the anterior portion of the spinal chord, between the sixth cervical and third dorsal vertebræ, was found softened and disorganized to the extent of three inches and a half; the posterior portion at the same part was slightly altered to the extent of one inch. The increased sensibility came on after the paralysis had existed some time.

Petit also relates a case of increased sensibility of the surface, from a gun-shot wound, of the brain. The subject was a soldier, in whom a musket ball had passed through the left part of the cerebellum, and penetrated the posterior lobe of the left hemisphere of the cerebrum. During the forty-four hours the patient lived after the injury, his judgment was good, he answered questions, but was frequently delirious: he was always in agitation, turning himself from one side to the other, and constantly moving his arms and legs. Feeling was so acute all over his body, that at the slightest touch, he drew back the part on which the fingers were placed, as if he had been cut or burnt.

Increased sensibility of the surface often occurs as a nervous affection, and either exists independently of derangement of other cerebral faculties, or is complicated with disorder of some other sense, or with impaired muscular action.

This disorder (as well as other nervous affections) occurs principally in the female sex; these affections are consequently considered by many persons to be of an hysteric nature, and to originate from uterine irritation. No doubt hysteria viewed as a disease, depending on preternatural excitability of the brain, has a common origin with many nervous affections, the difference consisting in the degree of derangement of the cerebral faculties; in hysteria, several of these faculties are simultaneously implicated, while in the less severe forms of nervous disorder only one or two are affected; but there exists no evidence that catamenial derangement, or any other uterine irritation, is the cause of nervous affections in the majority of cases. It is true that derangement of the menses, as well as of other secretions, frequently co-exists with nervous disorders of which it is mostly an effect, but in many cases of severe nervous disorder, menstruation is healthily performed. In some instances, however, where a strong predisposition to nervous affections exists, irritation of the uterus, as well as of other parts, may become the exciting cause of their developement.

Increased sensibility of any part of the surface may frequently be occasioned by lightly pressing or pinching up the integuments, from the attention of the patient being directed to the manipulation. The pain and tenderness to the touch which are the leading symptoms, are however mostly circumscribed to particular parts, and hence resemble inflammatory, and other diseases of organs subjacent to that part of the skin to which the symptoms are referred. In consequence of the nervous affection being mistaken for structural disease, patients are frequently subjected to much injury from an improper mode of treatment. Some in whom the symptoms were referred to the back, have been confined to the horizontal position, and caustic issues kept open for months together, from the patient being supposed to be afflicted with spinail disease; others have been subjected to energetic depletory measures, under the supposition of inflammation existing in some important part. These diagnostic errors, even if productive of no other harm, keep up the disease, by increasing the nervous irritability of the system, while the treatment adopted tends to debilitate the patient, who is confirmed in the idea, from the length of time the complaint exists, unmitigated by the remedial means employed, that she is labouring under an intractable and incurable disease; hence there is less probability of altering the morbid perception of sensation in which the disorder consists, and unless some circumstance occur to divert the mind from the habitual consideration of the complaint, it may continue for almost an indefinite period, the remedies employed being only productive of palliative effects, until recovery spontaneously takes place, or until from long confinement and impaired general health some organic disease be induced.

It is sometimes difficult to discriminate the nervous disorder from organic disease; the temperament of the patient, the course of the disorder, its peculiar symptoms, and the absence of febrile disturbance will in most cases serve to distinguish it. It must however be borne in mind, that nervous affections are sometimes superadded to structural disease, which then acts as their exciting cause. The definite character of the symptoms of structural disease will in general make its existence evident.

The disorder may be determined to any part of the surface by the action of the exciting cause, which is not always apparent, being frequently some slight injury, quite disproportioned to the severity of the complaint. A trifling blow, a scratch, &c. will often occasion the developement of the symptoms in a particular part. The parts most frequently affected are one of the larger joints, the back, the breasts, some part of the abdomen. The patient is disposed to exaggerate the severity of the symptoms, which is increased in proportion as her attention is directed to the complaint. The bodily health is not in general impaired, unless the patient has been long confined to her bed. The functions of the digestive organs, and the catamenia, are sometimes deranged; at other times, they are not affected.

If the patient's mind can be abstracted from the consideration of the disorder, little difficulty will be experienced in effecting its removal. I have, on some occasions, been able, by drawing the patient's attention to a part unaffected by the disorder, to cause the symptoms to be transferred to it, from the part originally complained of. On questioning patients in this, and in some other nervous affections, they will often affirm and believe in the existence of symptoms of a totally different nature, and are led in the description of their complaints into inconsistencies incompatible with the existence of actual disease of the part to which the symptoms are referred; yet there is no intention on the part of the patient to deceive or mislead; the sense of feeling itself being morbidly affected, the patient is impressed with the belief of the existence of various symptoms, and no doubt feels the sensations complained of, in a similar manner that the patient who has undergone amputation of a limb would, from the sensations he experiences, still believe in the presence of the extremity, were not the erroneous impression corrected by the evidence of other faculties.

The knee is the part which I have seen most frequently affected. The patient complains of pain, not very severe, but increased by exercising the joint; the skin of the part is excessively tender to the touch, the most gentle manual examination greatly aggravating the pain ; the skin in other parts of the body is also in many cases preternaturally sensitive. A greater or less degree of stiffness is present, but no swelling or alteration in the form and colour of the joint is perceptible. A slight puffiness, or redness, is occasionally present, but these are accidental circumstances, depending either on any trifling injury the part may have received, or on the local treatment that may have been adopted. The degree of pain and tenderness varies at different times, without any evident cause, being increased on one day and materially lessened on another. The symptoms occasionally subside altogether in the knee, attacking some other part for a few days, after which the knee again becomes their seat; they are always more severe when the patient's attention is attracted to her complaint; if the thoughts can be diverted during manual examination of the part, it will often bear to be freely handled without pain being occasioned; this is also the case during sleep, when the cerebral functions being totally or partially suspended, symptoms depending on nervous excitement are necessarily absent.

During the progress of the disorder various nervous symptoms affecting other parts not unfrequently occur. In most cases the patient's general health is not materially impaired; many patients have every appearance of strong health. The disorder is sometimes attributed to local injury, over-exertion of the part, or cold, but frequently the patient can assign no cause for its occurrence.

This complaint may continue with greater or less severity and variation, from the period of a few days to that of several months, the appetite remaining good, the sleep undisturbed, and the appearance of the part unaltered. It at last either yields to the remedies employed, or subsides spontaneously, being sometimes succeeded by hysteria, or some other nervous affection.

The diseases for which this affection is liable to be mistaken are rheumatism, inflammation of the synovial membrane, and ulceration of the extremities of the bones and cartilages composing the joint. The exquisite tenderness of the skin to the touch, the undisturbed sleep, the variable nature of the symptoms, the little benefit derived from antiphlogistic remedies, the absence of fever, of swelling and discoloration of the part will, in most cases serve to distinguish the nervous affection from these diseases, in which a more definite course is pursued, fever is present, the sleep is prevented and disturbed, the health becomes materially impaired, some alteration in the form of the joint is perceptible, and the tenderness of the skin is less acute, the pain being felt in the deeper seated textures. The disorder is, however, sometimes complicated with, or consequent on, inflammatory disease in or about the joint.

A servant of all-work, who in general enjoyed good health, but who had been subject to slight hysterical attacks, became affected with inflammation of the bursa of the left patella, which had nearly subsided under the repeated employment of blisters, when she was attacked by pain in the knee, and inability to walk or move the joint; the pain was greatly aggravated by lightly pinching up or pressing upon the skin of the knee and adjacent parts. The natural appearance of the joint continued unaltered. The application of leeches did not relieve the pain, and cold lotion aggravated it. Assafœtida and the Pilula Aloes c̄ Myrrha were given without advantage. The symptoms continued unmitigated for several days, when the joint was encircled with straps of soap plaster, which appeared to afford relief as the patient recovered shortly after.

The treatment will require to be varied in different cases, and sometimes frequently during the progress of a single case. Remedies of an opposite nature will often be attended with benefit when first taken; no doubt many operate through the medium of the mind, as patients, when not aware of the composition of their medicine, will often express themselves benefitted by placebos and inert substances. When a remedy loses its beneficial effects, some other should be substituted for a time, after which the previous one may often be advantageously resumed. The patient's attention should be abstracted as much as possible from the complaint, and all sources of mental annoyance should be avoided. Antiphlogistic means are occasionally indicated, but do not in general relieve the symptoms; leeches frequently aggravate the pain, the leech bites proving an additional source of irritation. Aloes, so administered as to keep up a gentle action on the bowels, is often attended with benefit. Sedatives are in general highly serviceable, especially when combined with a diffusible stimulant, as in the following form :—

℞ Ammon: Carbon: gr. ii
Syrupi Aurant: Auraul. ʒi
Tinct: Humuli ʒß ad ʒi
Misturæ: Camph: ℥iß. M fiat
Haustus ter die sumendus.

Assafœtida, galbanum, and valerian appear to be of service in some cases. If the patient be of a debilitated cachectic habit, chalybeates, and other tonics may be advantageously employed, when not counter-indicated by the state of the digestive organs. Constipation should be prevented by the occasional exhibition of mild purgatives. Blisters are often prejudicial if applied to the knee, but if placed at some distance from it, or on a remote part of the body, as the neck, they frequently have a beneficial operation. Cold applications sometimes relieve, at other times increase, the pain. The following lotion applied in a tepid state, if cold applications disagree, will, in many cases, relieve the symptoms :—

℞ Tinct: Opii ʒi
Misturæ Camphoræ ℥vj M fiat lotio.

Friction, with anodyne embrocations, when it can be borne, is sometimes of service. The local application, however, from which I have seen patients derive the greatest relief, is the application of straps of soap plaster, so as to surround the joint; when this fails, an opium plaster, or the addition of one part of extract of belladonna to two parts of soap plaster, will sometimes succeed.

CASE 1.—A young girl æt. 19, was admitted into St. George's hospital in January 1828, complaining of pain in the knee, which came on suddenly, three months previously, and prevented her from walking about. The pain was more severe some days than others, but did not prevent her from sleeping eight or nine hours every night. Cupping, leeches, and blisters had been employed without advantage. On examination, the form and colour of the knee were but slightly altered from their natural appearance, the skin of the knee and adjacent parts was preternaturally sensitive to the touch. The patient's general health was good, and menstruation regular. She was ordered to take aperient pills occasionally; a blister was applied near the knee, and a discharge maintained from the sore. The patient was dismissed the hospital cured, at the expiration of twelve days from her admission.

CASE 2.—A young woman was admitted into St. George's hospital, October 1st, 1829, with pain in the knee, extending down the leg. The complaint had existed ten weeks, being alternately better and worse. Leeches had been applied without any beneficial result. At the time of her admission, the complexion was of a jaundiced hue, the tongue furred, and the menses irregular; the pain sometimes ceased, but generally became worse after walking, the skin of the knee and lower part of the thigh was excessively tender to the touch. The following medicine was ordered: ℞ Decoct: Aloes Comp: Mist: Camph: āā ʒvj. M. bis die sumend: spirit lotion to the knee. The lotion aggravating the pain, it was withdrawn, and a blister applied in its stead.

On the 14th Oct. the general health was improved, but there was no amelioration of the local symptoms; the mixture was continued, straps of soap plaster, and a bandage were applied to the knee.

On the 17th, being no better, the mixture was left off, and the following prescribed: R. Tinct: Castorei ʒß Mist: Camphoræ ℥iß M pro haustu ter die sumendo. ℞ Ext: Coloc: Comp ℈ß. Ext: Hyoscyami gr. iv. M. fiant pilulæ, iii., omni nocte sumendæ.

Oct. 20th. She felt scarcely any pain, and the morbid sensitiveness of the skin was much diminished. Medicine continued.

Oct. 22d. She had a recurrence of the severe symptoms. Medicine repeated, and a belladonna plaster applied to the knee.

Nov. 1st. Since the last date the knee was sometimes painful, at other times free from uneasiness, the pain has increased within the last two days. The former medicine, and the belladonna plaster, to be discontinued, and Ammon. Carb : gr. iii: Mist : Camph ʒiß, to be taken three times a day.

Nov. 4. No better since the last date. The mixture to be continued. ℞. Tinct : Opii : Spirit : Rect : ãã ʒii Mist: Camphoræ ʒvj M. fiat lotio constanter genu applicanda.

Nov. 6th. The lotion appeared to relieve the pain and acute sensibility of the skin. The same remedies were continued for several days, the symptoms subsided, and the patient was dismissed the hospital on the 24th.

The elbow and forearm are not unfrequently the seat of the symptoms, which, in this situation, are sometimes combined with more or less contraction of the flexor muscles. The disorder when affecting other joints, resembles the affection of the knee, and will require similar treatment.

This disorder sometimes affects the breast in young girls from the age of twelve years to nineteen or twenty. It is often combined with tumour of the mamma, occasioning great alarm amongst the patient's friends, who are apt to regard it as of a schirhous nature. Sir A. Cooper describes this affection by the name of irritable, tumour of the breast. Pain and morbid sensibility of the skin of the breast sometimes occur without the existence of any tumour, which when present in patients of an irritable disposition may excite the nervous symptoms, and determine them to this part. The disorder often comes on without any evident cause:

it is sometimes attributed to a blow, the pressure of stays, &c. The general health is not affected, nor is the sleep disturbed by the complaint. Any circumstance which agitates the patient, or draws her attention to the disorder, will aggravate the sympttoms.

The local abstraction of blood by leeches has not been attended with benefit in the cases which have fallen under my observation: the irritation from the leech bites sometimes increases the pain. The lotion composed of laudanum and camphor mixture generally produces temporary relief, as does also the application of soap plaster spread on leather, either with or without the addition of extract of belladonna.—These local applications together with the administration of sedatives, of chalybeates, or of ammonia, will offer the greatest probability of permanent relief.

Case 1.—A young girl, æt. 17, was admitted into St. George's Hospital on the 20th August, 1829, with painful tumour of the left breast. The tumour, hard and of the size of a large filbert, had existed three years, but only became painful after an attack of fever six months previous to her admission. The pain was not constant, but came on at intervals, more or less distant, being always increased by mental agitation. The skin covering the breast and surrounding parts was exquisitely sensitive when touched, the pain remaining several hours after the manual examination. Leeches and cold lotions were employed without advantage. The patient's general health was good, and menstruation regular. She was ordered a belladonna plaster to the painful breast, and the following draught every six hours. R. Mist: Camphoræ ℥i Decoct: Aloes comp: ʒiii Tinct: Humuli 1 dram. These measures relieved the pain and morbid sensibility of the skin; they were continued for about three weeks, when these symptoms having entirely subsided, and the tumour being somewhat diminished in size, the patient was discharged.

Case 2. A young girl, æt. 12, was received into St. George's Hospital in October, 1829, having a tumour of the size of a walnut in the left breast, which came on attended by fever two years previously, and attained the size of a small orange, but had since gradually subsided. At the time of her admission, the tumour was occasionally painful: the pain recurring at irregular periods, extending down the arm of the same side, and lasting about ten minutes each time. The skin of the breast and its neighbourhood was morbidly sensitive to the touch. These symptoms had however existed only since the month of June. The general health was good, and the sleep undisturbed. The employment of antiphlogistic means had not been attended with advantage.

She was ordered to take every morning and noon, Vini Ferri et vini aloes a ʒi ex aquâ; and the following embrocation to be rubbed on the breast twice a-day. R. Linim: Camph: ʒiß Tinct: Opii ℥iij. M. fiat embrocatio. At the expiration of a week the symptoms were greatly alleviated, and she was transferred to the out-patient's list.

Pain and preternatural sensibility of the skin often affect the back, especially some part along the course of the spine, and the disorder is liable to be mistaken for spinal disease, if attention be not paid to the diagnostic marks. This is the more likely to happen as the affection is frequently attended by debility, more apparent than real, of the lower extremities, particularly if the patient have been long confined to the recumbent position.

The pain is sometimes diffused over a large extent of surface, but is more frequently limited to some point of the spine, and is aggravated by pressing on the part, or by lightly patting and pinching up the skin. The morbid sensibility is not however confined to the part to which the pain is referred, but is in general more extensively diffused over the back, and occasionally affects at the same time other parts of the body, the patient complaining of pain being induced by the slightest touch. The pain is not always confined to the same point, but shifts its situation, and is often absent altogether for a short period. The patient sometimes complains of weakness in the loins when attempting to stand or sit upright. The symptoms, however, vary at different times, the patient being on some days better, on others worse. The general health is not materially impaired, and the sleep is not disturbed by the complaint, which is occasionally of long duration, without any increase in the severity of the symptoms.

The diagnosis between this disorder and spinal disease is easy. In spinal disease, the pain when present is fixed to one point, and requires pretty firm pressure on the part to increase it, while in the nervous affection it is more variable, and shifts its situation. As disease of the spine advances, the patient's appearance becomes altered, fever supervenes in most cases, the limbs become paralytic, abscess frequently shews itself in the loins or groin, and projection of one or more of the spinous processes will be perceptible when the dorsal vertebræ are affected, The morbid sensibility of the skin to the touch is not in general present in spinal disease, I have however seen in one case this symptom co-exist with disease of the spine, in which there was manifest projection of the spinous processes of two dorsal vertebræ, and a paralytic state of the lower limbs: the skin of the back, breast, and abdomen, was acutely sensitive. The patient was a female who had formerly been subject to hysteria.

In the treatment we should endeavour to prevent the patient's thoughts reverting to her condition, she should not be confined to bed, but directed to walk about as much as possible without producing fatigue. We should try to inspire the patient with confidence in the remedial measures adopted;

this is often of more consequence than the employment of any particular remedy. Any existing derangement in the functions of the viscera should be remedied by means most appropriated to the circumstances. Chalybeates, stimulants, sedatives, assafœtida, &c. will, at different times, be productive of benefit. Advantage is sometimes derived from the application of a strengthening plaster to the back, as also from friction along the spine with a liniment composed of one part of laudanum to two parts of soap liniment.

A young woman, whose countenance indicated good health, was admitted into St. George's hospital, in the beginning of April, 1829, complaining of acute pain in the small of the back, which had existed with occasional intermissions of three or four days, for three years and a half. It was sometimes transferred to other parts of the back, and was aggravated at her monthly periods; menstruation was otherwise easy and regular. She had been salivated by mercury, and confined to the horizontal position for twelve months, during part of which time a caustic issue was kept open on either side of the spine.

Though her general health was unimpaired, she was unable to stand without support. Pressure on any part of the spine occasioned pain. The skin covering the spine, and in other parts of the body, was morbidly sensitive to the touch. She could move the legs freely when lying or sitting down, and her sleep was undisturbed. She was ordered to take three times a day, Spirit: Ammon: Comp: ♏x Misturæ Camph: ʒx, and was allowed to get about the ward on crutches.

At the expiration of a fortnight she considered herself to be better, and had gained more strength in the legs. The medicine was continued, and a large blister applied to the loins.

In the beginning of May the pain and sensibility of the skin were greatly mitigated, the patient made great objection to the blister, which she requested might not be repeated; a fresh blister was nevertheless applied, and the same medicine continued.

A third blister was applied after a few days, and in the middle of May, the patient was dismissed the hospital cured, being able to walk without any other assistance than a stick.

In this case, the discipline of an hospital, and the employment of a remedy to which the patient had a great dislike, contributed, most probably, by their mental operation to her speedy cure, which might have been protracted to an indefinite period, had she continued under the care of her friends, who were most anxious on her account, and expressed much sympathy with her apparently helpless condition.

The following case, from Dr. Bright's Work, illustrates this disorder when affecting the abdomen :—

"The subject was the daughter of a medical man, who had been supposed by her father to labour under repeated attacks of hepatitis and peritonitis, being frequently seized with pain and acute tenderness of the abdomen, more particularly of the right side; pulse quick, mouth clammy, nights sleepless, and occasional delirium. For this she was often bled to a large extent, and put under the action of mercury. The attacks were sudden, and used to subside almost as rapidly as they came on, leaving her much exhausted by the treatment. She was, during the whole time, subject to dysmenorrhœa and leucorrhœa, and had so great a debility of the lower extremities, that it almost amounted to paraplegia. From the frequent bleedings, her aspect had become blanched and puffy, and it was quite obvious, that although the active remedies gave present relief, they always left her in a worse state than they found her; she had become so nervous that she could not bear the motion of a carriage.

"Under these circumstances, astringent lotions were prescribed for the leucorrhœa, and the exhibition of zinc and gentian persisted in for several weeks; this, together with the occurrence of domestic circumstances demanding mental exertion, restored her completely."

OF HYPOCHONDRIASIS.

GREAT difference of opinion has existed among nosologists, respecting the nature and seat of this disease. It has been considered by some to depend on disease of the liver or spleen; by others, on chronic inflammation, or irritation of some part of the tract of the alimentary canal; others have regarded it as an affection of the brain, and have classed it with the hallucinations of the sentient faculties. This latter opinion is most in accordance with the varied symptoms of the disease, and the causes which predispose to its occurrence.

Hypochondriasis appears essentially to consist in a morbid perception of the sensations of internal parts of the body, especially of the abdominal viscera: hence it has great analogy with the preternatural acuteness of the sensibility of the surface of the body; the perception of sensation being in the one instance affected by impressions made on internal organs, in the other by those made on the skin. In both these affections, there is a disposition on the part of the patient to exaggerate the unpleasant sensations which are experienced; in both the symptoms are referred to parts either in a healthy condition, or but slightly deranged in comparison to the severity of the disorder; the mind has the greatest influence on the course and duration of both diseases; and, in both, the symptoms often vary without any evident cause, while the appearance of the patient in both cases frequently indicates good health.

Men, from being more exposed to the predisposing causes, and probably from their subjecting the internal organs to a greater variety of impressions, are more liable to hypochondriasis than women. Those who have attained full manhood, who are of an irritable nervous disposition, and who are exposed to much cerebral excitement, are most liable to the disease. The chief predisposing causes are worry, over anxiety of mind, excess of study and intellectual exertion, depressing moral impressions, as sorrow, disappointment, ennui, &c. the continued operation of which tends to induce excessive nervous irritability, and a perverted perception of sensation.

The disease sometimes comes on without any obvious exciting cause; when a person is predisposed, local irritation will suffice to induce it. Over excitement, or a disordered condition of the alimentary canal, frequently causes its development. Derangement of the stomach and bowels will not however produce the disease, unless a predisposition have been induced by the operation of moral causes. Persons who are not harassed by the cares and anxieties of business, or by other sources of mental annoyance, and whose intellectual faculties are not over exerted, although liable to dyspeptic complaints, rarely become subject to hypochondriasis. A small proportion of habitual free livers and drunkards become confirmed hypochondriacs, notwithstanding such individuals suffer in various ways from the constant irritation of the digestive organs, because it is only in a few persons of this description that the brain is predisposed to contract this morbid perception of sensation. Where, however, to excess in the pleasures of the table is superadded the operation of moral causes, the individual will be exceedingly liable to the disease.

In this country, the moral causes which

predispose to hypochondriasis are more multiplied, and consequently it is more prevalent here than elsewhere. In France it is comparatively infrequent, notwithstanding gastric disorders are as prevalent as in England. In Italy and Germany the disease is much more rare. The lower class of people, though excessively subject to diseases of the digestive apparatus, are much more exempt from the disease than persons in the higher grades of life.

Although irritation of the stomach and bowels will not of itself produce hypochondriasis, yet when we consider how requisite a healthy tone of mind is for the perfect performance of digestion, we may readily see why gastric derangement and impaired digestion should be so frequently complicated with the disease, and why such derangement should be kept up, and re-act on the nervous system, aggravating the hypochondriacal symptoms when the patient is intent upon and disposed to exaggerate every sensation which he supposes may be produced by the action of articles of diet, or of various drugs upon the mucous lining of the alimentary canal.

In many severe cases of hypochondriasis, where the disease has either arisen entirely from the operation of moral causes, or has been excited by irritation of other parts than the chylopoïetic viscera, no evidence of any derangement in the functions of these viscera exists, and digestion is healthily performed. Although, in these cases, disagreeable sensations are sometimes referred to the digestive organs, the sensibility of other organs, as the heart, kidneys, urinary bladder, &c. is most frequently affected. Sometimes erroneous ideas are entertained by the patient respecting the form and structure of parts or of the whole body, the disease then merging into a variety of monomania.

The predominant symptom is the excessive anxiety the patient feels respecting the state of his health. Frequently believing himself to be labouring under serious disease of some important part, which has its sensibility morbidly increased on the application of its natural stimulus, although its functions are often not deranged; he will watch for, and exaggerate, all the sensations that can be referred to the supposed diseased organ. His spirits become greatly depressed, his senses highly excitable, the sleep is disturbed and unrefreshing, and a state of general irritability is induced. In most cases, the appetite is defective or vitiated, the condition of the tongue is either indicative of gastro-enteritic irritation, or of hepatic derangement, the bowels are constipated, pain is sometimes experienced on the introduction of aliment into the stomach, and on pressure being made on the epigastric or hypochondriac regions.

In the treatment of this affection, we should endeavour to divert the patient's mind from its accustomed channel of thought, and to remove or neutralise the operation of the moral causes which predispose to its occurrence. If these can be effected, the cure will be, in general, comparatively easy. When, however, the treatment is exclusively directed to relieve the symptoms referrible to a particular organ, it is rarely productive of any other than palliative effects, so long as the patient is harassed by the anxieties of business, or continues the same mode of life which induced the predisposition to the disease.

Patients who have derived little more than temporary alleviation from a variety of medicines, not unfrequently recover ultimately without the employment of a single drug, on undertaking a journey, or on the occurrence of other circumstances tending to relax the mind, and break the chain of prejudicial occupation.

Any existing derangement of the chylopoietic viscera should be treated by measures adapted to the peculiarities of individual cases. Mercurials and active purgatives though in general attended with temporary relief, are, when their employment is habitually persisted in, frequently prejudicial, by keeping up a constant deviation on the mucous membrane of the stomach and bowels. Patients should not be encouraged to dose themselves on every slight variation of their symptoms: many unpleasant sensations spontaneously subside, but as the patient has generally recourse to medicine on every occasion, their cessation is attributed to the remedy employed, and disappointment ensues if its repetition be not followed by relief on subsequent occasions. The impressions made on the mucous lining of the alimentary canal should be as few and as simple as possible; hence the diet will require to be cautiously regulated both in regard to quantity and quality: the patient's feelings will prove the best criterion in this respect. Change of situation, cheerful society, mental and bodily occupation, without over-excitement or fatigue, will do more towards effecting a permanent cure, than reliance on purely medical means.

THE END.

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